

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Jim Leichty

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Jim Leichty

Political Party (if applicable)

Office Sought

County Supervisor

District (if Senate or House)

2008 JUL 22 AM 10:13

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Julia Leichty
SIGNATURE OF PERSON FILING REPORT

641-683-6911
TELEPHONE

7-20-08
DATE SIGNED

I AM FILING A July 19 (July 21) 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

564.03

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

829.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

1,393.03

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,382.70

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

10.33

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

751.70

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

1700.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Jim Leichthy

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-30-08	ID# CK#	George Boitnott, Po Box 157 Ottumwa Iowa 52501		\$49.00	<input type="checkbox"/>
5-30-08	ID# CK#	Ridgeway Electric LLC 1605 N. Court, Ottumwa Iowa 52501		250.00	<input type="checkbox"/>
5-30-08	ID# CK#	Silvanna Heilmann, 802 E Madison Ave Fairfield Iowa 52556		30.00	<input type="checkbox"/>
5-30-08	ID# CK#	Cash/ unitemized contrabutions		500.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 829.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Jim Leichty

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-26-08	ID# CK#	Target, Quincy Ave, Ottumwa Iowa 52501	ink and envelopes	\$ 74.38
5-26-28	ID# CK#	Hy-Vee Drugstore, Jefferson and Penn, Ottumwa Iowa	stamps	42.00
5-28-08	ID# CK#	KTWA, Ottumwa Radio, 416 E Main, Ottumwa Iowa 52501	radio advertising	166.32
6-2-08	ID# CK#	Ottumwa Courier, E 2nd, Ottumwa Iowa 52501	print advertising	1100.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1382.70

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Jim Leichthy

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
Wk of 5-18	Julia Leichthy 1529 Stellar Ave, Ottumwa Iowa 52501	spouse	2 hrs @ \$10 hr. flyer and research	\$ 20.00	<input type="checkbox"/>
5-27-08	Dennis Nichols. 211 Woodland Ave, Ottumwa Iowa		Envelopes	10.70	<input type="checkbox"/>
6-2-08	Julia Leichthy, 1529 Stellar Ave. Ottumwa Iowa 52501	spouse	forgive a debt	100.00	<input type="checkbox"/>
5-30-08	Bob Smith, 413 N Hancock, Ottumwa Iowa 52501		meat and cooking of the meat	250.00	<input checked="" type="checkbox"/>
5-30-08	Beth Smith, 413 N Hancock, Ottumwa Iowa 52501		prep and serving of meal	100.00	<input checked="" type="checkbox"/>
5-30-08	Julia Leichthy, 1529 Stellar Ave, Ottumwa Iowa 52501	spouse	groceries, prep and serving of the meal	100.00	<input checked="" type="checkbox"/>
6-3-08	Jim Leichthy, 1529 Stellar Ave, Ottumwa Iowa 52501	self	300 miles @ \$.37 champaining	111.00	<input type="checkbox"/>
wk of 5-25	Julia Leichthy, 1529 Stellar Ave, Ottumwa Iowa 52501	spouse	3hrs @ \$10 hr. invites, flyers plus	30.00	<input type="checkbox"/>
wk of 6-1	Julia Leichthy, 1529 Stellar Ave, Ottumwa Iowa 52501	Spouse	3 hrs @\$10 hr. invites, flyers plus	30.00	<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 751.70	
TOTAL (if last page of this schedule)				\$	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

RESET

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAYED**☐ **CHECK THIS BOX IF
AMENDING FORM****COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Jim Leichthy

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 1800.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
	none this period		\$

TOTAL (PART I)

\$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E - TOTAL LOANS FORGIVEN

\$ 100.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1700.00

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(for Schedule F)